



SUPPLEMENTAL INFORMATION TO APPLICATION FORM DSA-1

Please Print or Type all Information. To be Submitted With Form DSA-1

Definition of Scope of Increments

All increments should be submitted within 12 months of the initiation of the DSA application.

Project Name: _____

Incr #	Scope of Work: Check boxes that apply and enter description of associated work in space provided to the right.	Anticipated Submittal Date	Est. Cost of Construction	%*
1	<input type="checkbox"/> Construction of: <input type="checkbox"/> Addition to: <input type="checkbox"/> Alterations to: <input type="checkbox"/> Relocation of: <input type="checkbox"/> Rehabilitation of:			
2	<input type="checkbox"/> Construction of: <input type="checkbox"/> Addition to: <input type="checkbox"/> Alterations to: <input type="checkbox"/> Relocation of: <input type="checkbox"/> Rehabilitation of:			
3	<input type="checkbox"/> Construction of: <input type="checkbox"/> Addition to: <input type="checkbox"/> Alterations to: <input type="checkbox"/> Relocation of: <input type="checkbox"/> Rehabilitation of:			
4	<input type="checkbox"/> Construction of: <input type="checkbox"/> Addition to: <input type="checkbox"/> Alterations to: <input type="checkbox"/> Relocation of: <input type="checkbox"/> Rehabilitation of:			

* Percentage of increment to be based on estimated construction cost.

% must total 100

Architect or Engineer in General Responsible Charge

Signature (Architect or Engineer in General Responsible Charge)

FOR DSA USE ONLY

DSA File Number: _____ DSA Application Number: _____